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Medicine and Surgery

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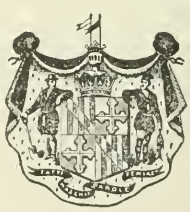

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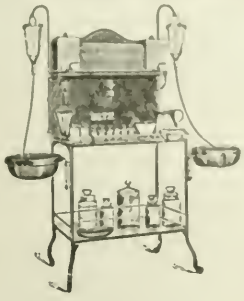

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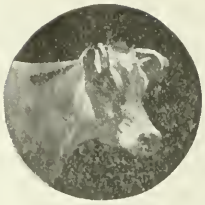

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PHYSICAL EDUCATION IN PUBLIC SCHOOLS, WITH SPECIAL REFERENCE TO THE UNITED STATES.*

By J. M. Anders, M.D., LL.D.

THE importance of physical education, particularly in our public schools, is year by year becoming more evident and convincing. At the outset the question may pertinently be asked in all seriousness whether educators have lived up to their reasonable responsibilities in the past, admitting the supreme importance of keeping the body strong and healthy as a prime requisite in racial supremacy.

The conception entertained in Germany and other European countries of the duty of the community toward the child is a broader one than that which prevails in most of our American cities. German cities have also introduced much physical education into their school courses, thus making their educational system meet the needs of the future adult population. They fully realize that the commercial, industrial and political outlook of a nation must ever depend upon the universality of the best sort of elementary education, an education that pays due consideration to both body and mind development.

The genius of certain men whose minds found lodgement in infirm and delicate bodies is often advanced to show that large accomplishments, and an inferior, handicapped physique go hand in hand. For example, in this list of notables we are informed belong Chopin, Stevenson, St. Bernard, Heine and many others. Most writers are inclined to lose sight of the physiologic principle that man's powers of resistance bear a definite and practically direct relation to his muscle power, and some at least of the men of large achievements mentioned above were possessed of great muscular strength, brought about principally through systematic

*Read at the Fourth International Congress on School Hygiene, at Buffalo, N. Y., August 28, 1913.

physical exercise of one kind or another. Granting that there are definite, isolated instances of the sort, yet either as a class or individually they do not rank with those geniuses whose minds are housed in a tabernacle which supplies the largest amount and purest stores of energy material. Says Dr. James Frederick Rogers[1] on the point at issue: "It stands to reason that the more well ordered the body, the more active and vigorous the mind, and that anything which depresses the proper functioning of the physiological machinery must impair in so much the product of that organ, both in kind and amount."

In general, America is well in advance in sanitation, and the death rate can compare favorably with that of any other country, but, if the foregoing statements be accepted, we are not bestowing sufficient attention upon the question of physical education of the child—the man and woman of tomorrow. There are about 20,000,000 pupils in the public schools, and to ensure their future usefulness nothing is more vitally important than an harmonious, unbroken balance between the growth and development of mind and body.

A regular system of school inspection, which is carried out in about two-fifths of the pupils at the present day in America, is to be advised and encouraged until it shall have been extended to the whole number, as an aid to the attainment and preservation of sound health. Those in authority need to be urged to sanitate more thoroughly our public school buildings, since many of those in existence are unsuitable, being uncleanly and uncomfortable, as well as ill lighted and ill ventilated. Obviously so long as schoolrooms are a distinct menace to the health of the pupils and school inspection is not universally adopted, full success from a course of physical education, however excellently conducted, is not to be expected.

At present writing it should easily be possible to establish a general acceptance of the principle well known to hygienists, that good muscular development is equivalent to good physical development. Educators must assume the heavy responsibility of carrying out a form of physical training that is not less important as an urgent economic factor, or civilizing agency supposed to yield increased health, usefulness and happiness than mental training, but which proportionately receives insufficient attention in most cities at least. It is to be hoped that this Congress will produce many pioneers in the advancement of regular and adequate physical education in our public schools.

Among the recognized agencies to keep the body in health and to prevent its germicidal powers from running low, an adequate quantity of muscular activity is of first rate importance—more than this its general and rational enforcement among growing children in our public schools would have a vital effect upon the far-reaching future of the American race. A proper interest in

[1] *Popular Science Monthly*, July, 1913.

the national physique can be shown only by concerted effort on the part of educators to bring about an evenly balanced condition of mind and body during childhood and adult life.

Whether the prime motive is economy or a humanitarian, improved bodily training is urgently needed and the outlay in energy and money required to accomplish this object is only a trifle of the amount now lost.

The well-nigh universal tendency to push the head at the expense of the muscles and sinews in our public schools, colleges and universities is deplorable in the extreme. It might be argued that an awakening to the situation with respect to the question is now in progress among those charged with the duty of educating the youth of our land and that physical culture has become an integral part of the curricula in many quarters. Granting the correctness of this view, it may be nevertheless affirmed that as compared with the time and energy allotted to mental training that given to physical culture is wholly inadequate in by far the majority of American cities at least.

The playground movement, to which reference is made hereafter, for the benefit more particularly of children in our public schools, is deserving of every encouragement, although its advantages are to be regarded as being merely supplementary to those of a systematic training under the charge of a competent physical instructor.

The consensus of opinion among those who have examined the question critically is to the effect that the human race is slowly undergoing muscular deterioration, and writers have cast about them for causes which may be held responsible for such a lamentable state of affairs. Dr. Friedman, in discussing the question in its relation to the American race, has emphasized two main considerations in endeavoring to account for our lack of physical stamina, namely, the ingestion of physically inferior races from abroad and our own mode of living, especially the undoubted trend away from occupations requiring the use of the voluntary muscles. He further argues that this is poor economy, because our bodies are unable to supply the divers needs of our over-active mind.

Surely it is none too soon to agitate the question of giving due attention to methods intended to counteract the tendency toward increasing over-activity of the mind—in short, toward the too strenuous life. The principal aim should be to maintain the harmonious balance betwixt mind and muscle by regular and rational muscular exercises, which should obviously be enforced *pari passu* with the mental training and development and graded to suit the age and physical condition of the individual pupil. The infant and young child will under favorable conditions take sufficient physical exercise, but unfortunately education begins too early in life, and, what is worse, soon develops into a "high-pressure" system at the

expense of bodily vigor, since sufficient time is not allowed for regular muscular training and supplementary exercises.

I am in entire accord with the view that instead of starting the child at the public schools at the age of six, as is the present custom, it were better to imitate the ancient Greeks, whose children were sent first at the age of eight. As bearing on this question I quote again from the timely article by Friedman: "Were the two years from six to eight spent in preventing the development of any tendencies toward physical defects, or correcting those that have already developed, and in forming in the child the habit of physical exercise, the time would be more profitably spent."

Good muscular development, prudently maintained, brings with it good chest expansion, a circulation normally carried on, normal vigor and activity of mind and splendid digestion, as well as assimilation—in a word sound health. This is the most valuable asset which the child can possess, furnishing an escape from pulmonary tuberculosis later on, from spinal curvature, chronic dyspepsia, neurasthenia, and doubtless many of the acute infections owing to the increased resistance offered by the system.

Such a course would not entail loss of mind development, it being an established fact that both the intellect and understanding develop without instruction during early childhood, and that the child learns more easily and comprehends more quickly for having commenced later on. What could be more logical or more natural, in view of the foregoing facts, than for our educators and school boards to unite in a new and improved plan, having for its object the assigning to physical education its rightful place in the education of the juvenile mind.

The changes required in the present curricula of our public schools would be found to present no insurmountable difficulties, since sufficient definite instruction in physical culture could be given—with but little expenditure of time—in a single hour per day. Perhaps the principal obstacle to such a course at present would be a lack of properly qualified instructors, which are indispensably necessary. The physical training should be flexible and adapted both to the class and individual, so as to insure the completest physical development without risk of harmful effects. In some of our cities, *e. g.*, Philadelphia, a period of 15 minutes is given over to physical exercises daily, and these are carried out under the direction of the regular teachers, there being no specially or properly qualified teachers to supervise the work for the great majority of the classes. Hence in Philadelphia, and the same is true of other municipalities, as a consequence of lack of time, teachers and facilities, physical education may be in all fairness said to be wholly inadequate.

A clearer conception of the physical benefits of systematic and proper muscular exercise, and the manner of their production, should be more generally entertained, especially among those responsibly and directly connected with the education of mind and

body of the rising generation. [illegible] activity of the muscle [illegible] whereby the production of carbon dioxide [illegible] mand for oxygen is enlarged. [illegible] tissue changes are accomplished by [illegible] ity. It is the increased exchange of [illegible] taking place in the muscles themselves [illegible] metabolic processes (nutrition) [illegible] general health of the human economy.

It may assist some of my hearers to an intelligent understanding of the principles and practical application of the scientific phase of the subject if I briefly present a few [illegible] details. There is a constant process of decay going on in every tissue of the body, the waste products being eliminated by certain excretory organs, namely, the skin, lungs and kidneys. Now, it is these disintegrating and eliminating processes that are facilitated by muscular activity, while at the same time through its invigorating effect upon the circulation of the blood the same structures are properly repaired by the increased amount of renovating materials thus brought to them.

Rest after muscular exercise is not only beneficial, but necessary in view of the fact that during the period of activity more energy is utilized than is produced, so that a call upon the energy stored during previous periods of repose is made. Not only must rest follow exercise, but it must be alternated with recreation.

Notable advances have been made in recent times in the majority of American cities in the matter of providing opportunity for supplementary recreation exercises in suitable playgrounds and excursions on holidays and during the summer vacation to the country. The scheme pursued in Paris of appointing directors of sports, who, on holidays in the parks and playgrounds, induct the young Parisians into the kinds of outdoor games and exercises most suitable for adoption with a view to their proper physical development, might be profitably imitated elsewhere.

There is, however, a real danger in permitting the weak and delicate to participate in games for which they are totally unequal. On the other hand, in general, healthy boys may be left to their own inclinations as regards their recreative exercises. The tendency to specialization in athletic sports is to be deprecated everywhere, and with respect to competition in games in elementary schools, or, indeed, before the age of 18 years, I do not hesitate to state that the physical damages sustained far outweigh any advantages that may possibly accrue therefrom.

The educational advantages or habit producing effects of systematic exercises in youth are scarcely less important as a factor in physical development than an improved organic vigor and increased endurance as the result of muscular activity. It is a matter of common observation that if the habit of taking muscular exercise be formed thus early, it is more likely to be maintained dur-

ing after life than if physical training be first taken up at a later period.

The pupil learns incidentally the true value of ventilation both at school and in the home. More important is the training of the child for submissiveness to control and for methodical arrangement. Physical culture, as is well known, also strengthens the will power and makes for greater alertness and quicker perception.

If the foregoing arguments be accepted, then the methods to be pursued would naturally call for consideration here. The details of the subject, however, do not belong to my theme, although graded lessons, which have been ably advocated by William A. Stecher, G.G., in physical training and games, are to be strongly advised and encouraged.

At present writing physical culture in the public schools in general is in a transition stage, a stage that can scarcely be said to be replete with promise of the dawn of that day when the body shall receive proper cultivation. There is urgent need of safeguards against what has been aptly termed "the mechanical and perfunctory tendencies of routine officialism." Lastly, those bodies which are in immediate control of our elementary educational system cannot much longer neglect the subject of physical education without inviting the just censure of public and professional opinion.

Pyorrhea Alveolaris. By Friedrich Hecker, B.Sc., D.D.S., M.D., Member of the Academy of Sciences of St. Louis; Consultant at Bell Memorial Hospital of the School of Medicine, University of Kansas, Rosedale, Kan.; Consultant at St. Margaret's Hospital, Kansas City, Kan. Illustrated. St. Louis: C. V. Mosby Company. Cloth, $2 net. 1913.

Heretofore pyorrhea alveolaris has attracted but little attention, but today it is recognized as the possible original seat of many bodily ailments. It is definitely proven that pyorrhea alveolaris is the starting place of diseases of the ear, nose, tonsil and general system. It is a potent cause of rheumatism. Therefore, it is well that investigators are beginning to devote attention to this trouble. That it can be produced by traumatism is excellently demonstrated by the frontispiece, which depicts an artificially produced pyorrhea alveolaris in the teeth of a guinea pig. The first chapter the author gives over to a classification of the varieties of this trouble. He then goes thoroughly into the bacteriology of the affliction, and, in turn, pathology, technic for making vaccines, vaccination and local and prophylactic treatment. He is firmly convinced that the disease is amenable to treatment, and that the time is not far distant when the general practitioner will be able to handle the malady successfully. It is a novel little monograph, which should command the attention of the profession. Besides, it should direct attention to a malady which has been the recipient of too little notice.

BRILL'S DISEASE

COMPARISON OF FOUR CASES WITH CASES OF TYPHUS FEVER TREATED BY THE AUTHOR.

By Albert E. Roussel, M.D.

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NICOLLE of Tunis, Africa, in 1909 demonstrated that the chimpanzee could be inoculated with typhus fever, and Anderson and Goldberger, in Mexico, were able to infect monkeys with blood taken from typhus fever patients. These results were further confirmed by Ricketts and Wilder, and also by Gavino and Girard. Typhus fever is transmitted by the bite of the body louse and the head louse, and by subcutaneous injections of these crushed insects. It is interesting to note in this connection that more recent work regarding the transmission of recurrent fever by the louse (Nicolle, Blaizot and Conseil, 1912.) show that the spirilla of this disease cannot escape from this insect while it is alive; infection is held to take place as a consequence of scratching and crushing the lice, whereby the spirilla are set free and may be carried on the nails to excoriations and to the conjunctiva and thus enter the blood and cause recurrent fever.

Dr. N. E. Brill, in 1911 and 1912 and August 16, 1913, reported in three communications 321 cases occurring in 14 years, one fatal, of "a new disease which in some respects resembled typhus." Two other deaths since reported. Early in 1912 Anderson and Goldberger demonstrated by inoculation experiments that the condition really was typhus in a mild form and that the disease was not merely of historic interest, but was endemic in the United States. While Dr. Brill does not consider that their evidence as to the identity of Brill's disease and typhus is conclusive, we believe that it is generally accepted as being so. The rhesus monkey can be infected by inoculation with blood from a case of Brill's disease and after recovery is immune to reinfection; also to infection with virulent blood from a case of typhus. Monkeys which have recovered from infection of typhus are likewise immune to infection from Brill's disease. Although the disease in New York and other cities is mild and has shown little tendency to spread, it is apparently on the increase and may possibly acquire virulence and epidemic prevalence.

The cases I have to report follow:

Case I.—On the evening of February 19, 1912, I was called in consultation by Dr. Frank Hurlock to see Mrs. L., American, married, age 53 years, living in a residential portion of the city and in good social position. The husband is superintendent of a large

*Read before the Pennsylvania State Medical Society at Philadelphia, September 24, 1913.

express company, and necessarily brought in contact with a large number of employes.

The patient was in her usual good health until after having gone to bed on February 14, when she was seized with a decided chill, followed by a temperature of 103.2 and violent vomiting and headache, pains in back and limbs, face flushed, injected eyes, pupils small. The symptoms and temperature increased and on the afternoon of the 19th there appeared (in places confluent) a bluish red macule-papula eruption, together with interspersed petechiae on the abdomen, thorax, arms and thighs. When I saw her the temperature was 104.2, pulse 115. Rash fades slightly, but does not disappear on pressure. The face was flushed, eyes injected, spleen enlarged. Urine diminished; otherwise normal. Later slight ring of albumen, diazo negative. I remarked at this time that the general appearance of the case reminded me much of the typhus I had seen at the Philadelphia hospital and asked permission to see her the next day. Previously to the next visit I reread Dr. Brill's paper and then had no hesitation (February 20) in accepting it as the same.

The fever lasted 14 days and then terminated by crisis. The patient was apparently so ill on the thirteenth day that I was again called in consultation. The temperature at this time was 105.2, pulse 120, low muttering, delirium herpes facialis, tongue dry, cracked and brown. Constipation. Agglutination tests for typhoid and para typhoid negative. Blood cultures negative. Convalescence was somewhat prolonged.

Case II.—Seen in consultation April 2, 1912, with Dr. H. N. Diamond.

Mrs. Z.; Russian; age 50 years.

In this country six years and enjoyed good health. Sudden onset four days previously, with decided chill, marked headache, injected eyes; temperature 104-105. Slight morning remission. Pulse 115-125, low tension, marked prostration, tongue dry, thick yellow coating, active, delirium at night and from third day until crisis, which took place on seventh day with rapid convalescence. Spleen palpable. Rash appeared on third day (one crop) on thorax and back and later on limbs; maculo-papular darkish red; does not disappear on pressure and is seen during early convalescence. Urine, traces of albumen. Widal negative. Marked sweating at time of crisis.

Case III.—R. S. at 24 years; male; Russian; salesman. Seen June 5, 1912. Was in store yesterday when, at 4 P. M., suddenly seized with several chilly feelings and sick stomach, headache and general pains. Face flushed, injected eyes, pupils small. Spleen one inch below ribs. Temperature this P. M. 103.2, pulse 110. Some cough, and on examination sibilant and sonorus rales generally distributed. Fever and symptoms continued, temperature reaching 104.2; slight morning remission; pulse 115 until crisis, with sweating, on eleventh day. Constipation. Blood, red 3,250,-

000, hem. 70 per cent., whites 17,000. [illegible] per cent. polymorphonuclear. average sys.; pressure, 115. Rash appeared on [illegible] and extremities with petechiae, bluish red and not affected by pressure, subcuticular mottling in groins and axillæ. Agglutination tests and blood culture negatives. Urine, no albumen, slight diazo reaction.

Case IV.—Seen in consultation with Dr. L. Averoff on August 22, 1913. Russian; male; at 60 years; cigarette manufacturer. Sudden onset on August 19; headache and general muscular pain, anorexia, constipation. Temperature, August 20, 102.3, pulse 118, symptoms same; face slightly flushed, injected eyes. August 21 rash appeared over trunk and extremities, maculo-papular, not affected by pressure. Morning remission of but one degree. August 22, temperature 103, pulse 112; dry tongue; symptoms more marked and evidences of prostration; spleen, distinctly palpable. Urine scanty, sp. Gr. 1025, acid, no albumen. Blood, reds 3,200,000, hem. 70 per cent., whites 15,000. Systolic pressure 110. August 27, delirious at night; temperature 103, but temperature fell by crisis to 97.5 on morning of the 28th with rapid convalescence. Urine normal.

Resume of Brill's Disease.

After a short invasion period of apparently three to four days, sometimes attended by the more or less usual prodromal symptoms of headache, anorexia and general malaise, there occurs the sudden onset with a chill more or less severe, sometimes vomiting, marked headaches (in some cases delirium), pains in back and limbs. Early and comparatively marked prostration. The temperature at onset is generally 102 or 103, and reaches its maximum of 103-106 on the second or third day, and this continues throughout the course of the disease with but slight morning remissions until the termination by crisis. The pulse ranges from 110 to 120 or more regular and soon becomes of lower tension. The face is generally flushed, particularly at the malar prominences, and expression anxious. The eyes are injected and the pupils are apt to be contracted.

The tongue may at first be moist with a whitish coat, but later is apt to become dry and brownish.

The skin is dry and on the fourth (author's case No. 1) to the sixth day there appears a darkish red maculo-papular eruption, at first on abdomen and back, then rapid spreading to thorax, arms and thighs, sometimes hands and feet, but rarely above the neck. It does not come out in crops, is slightly elevated 2-4m., irregular, round or oval in shape. It diminishes in color, but does not disappear under pressure ever at first, and becomes more reluctant to do so later in the disease. In all of my cases it persisted for several days after the establishment of convalescence, and in Case I pigmentation lasted about 10 days. Brill observed herpes labialis in 6 per cent. of his cases. More than this, in three of my four

cases petechiae were interspersed in the immediate vicinity of the eruption. This fact has also been reported by other observers.

The urine is diminished in quantity, sometimes contains a slight amount of albumn and occasionally dark granular casts. Autopsy in Brill's case showed congestion and parenchymaous degeneration of the various organs. Diazo occasionally found. Constipation exists, although diarrhea may come on at or near the crisis. The spleen is generally increased in size. There is sometimes a precritical rise of temperature and accentuation of symptoms previous to the crisis, which takes place from the ninth to fourteenth day. With the establishment of a rapid convalescence and apparent total absence of relapses.

Complications are not frequent, although bronchitis is comparatively frequent, and broncho pneumonia has been observed, as has been otitis media. Apparent signs of meningitis, delirium, stiffness of neck, Kernig's sign, has been observed.

E. Libman of Johns Hopkins showed that blood cultures in Brill's were absolutely negative. Leucocytosis present, 10,000-22,000.

Evidences of contagion are rare, but Coleman reports four cases in one family, and Morris J. Lewis, in a report of 13 cases, extending over several years, that occurred at the Pennsylvania Hospital, mentions that five cases occurred, one after the other, in one house, and that one of the internes at the hospital in whose ward the mother of the family was cared for, contracted quite a severe attack of the disease. Incidentally it is curious to note that this is the only report on Brill's disease that I have been able to find from Philadelphia or the State of Pennsylvania. Almost all cases reported are Russians. Cases are reported by Louria of Brooklyn, Ziegre of New York, Lewis and Parek of Milwaukee, Lee of Boston. etc.

Conner saw three sisters who contracted the disease almost at the same time. Louria saw three cases in same family taken at same time, which he considered typhus, but now believes them to have been Brill's disease.

During the winter of 1883, while interne at the Philadelphia Hospital, it was my privilege to observe 47 cases of typhus fever and to treat the greater number of the same with a resultant mortality of about 35 per cent. The first cases were sailors, temporarily living in the vicinity of Front and Catherine streets, but subsequently other cases were brought, natives of the city, living in or near the same neighborhood, and, in addition, cases broke out in the almshouse immediately connected with the hospital. During the epidemic a nurse in charge of the male ward and the runner or messenger contracted the disease and both died within five days of the onset.

The average history of these cases read as follows:

Prodromal symptoms infrequently present. Sudden onset with a more or less decided chill (frequently attended by vomiting),

followed by a rise of temperature to 103 or 104, usually reaching a maximum of 105, 106 or 107 on the second or third day, and continued with slight morning remission until the termination, usually by crisis, which generally occurs from the ninth to fifteenth day. The pulse ranged from 110 to 140, diminished in tension from the beginning, but was not often dikrotic. Marked headache and general pain were in evidence and early and increasing prostration. Delirium occurred in the majority of and in all of the fatal cases. The face was flushed, the eyes invariably injected. The tongue at first coated with a white fur, soon became dry and crusted. Herpes was occasionally observed. As a rule constipation existed, but diarrhea sometimes occurred at or near the time of the crisis. The rash occurred from the fourth to sixth day on chest and abdomen and rapidly spread to extremities. Macula papula, irregular outline, slightly raised and diminish at first and later not influenced by pressure. Petechia frequently interspersed. In some of these, and even fatal, case the rashes, although markedly similar, are less profuse than in the cases of Brill's I have reported. Enlarged spleen generally present. Subcuticular mottling was occasionally observed. No blood examinations were made, but a moderate leucocytosis is known to be present in typhus fever. The urine was diminished, generally contained albumen, but nephritis was rare. The convalescence was rapid. Complications were rare. Most of the fatal cases seem to die from the toxemia, although many exhibited hypostitic congestion of the lungs, and a few others pneumonia, generally broncho pneumonia. Relapses not observed.

Most of the fatal cases were posted by either Dr. Formad or Dr. Shakespeare and were chiefly typical by their negative aspect.

A comparison of the cases of Brill's disease and typhus fever show such an unmistkable similarity that personally I must accept them as the same, and in this I am supported not only by the experiments on animals already referred to, but by almost all observers, including those who have seen typhus, and also the Boston Board of Health. Had there been any specific bacterium or biological reaction for typhus the problem would have been easy and consequently only two resources were available, first, inoculation experiments in animals, and, secondly, further clinical investigation.

Brill's two main objections to the identity with typhus are: 1. Contagion of typhus is marked, yet until recently the same was said to be true of yellow fever and other diseases, and it is more than probable that true typhus is only infectious. Not only are there apparent cases of the same communicability in Brill's disease, but, as it is agreed that it is only an attenuated form, this would probably diminish it.

2. Mortality of typhus is 15-10 per cent., of Brill's less than 1 per cent.

It should not be forgotten that mild and sporadic cases of typhus fever have long been recognized in Europe. One Russian ob-

server—Javorovsky—reports 45 cases without a death. Beard, and also W. Goodall, of London refer to very mild epidemics. Lee of Boston says that mild and sporadic typhus has existed in Boston in the past 10 years, and that at the Massachusetts General Hospital the ratio is 1 of typhus to 47 of typhoid. Smallpox in Pennsylvania, after the Spanish-American War, was of such a mild type that the mortality was less than 3 per cent., yet is it worthy of note that it subsequently returned to its usual fatality.

COMPARISON.

Typhus Fever.	*Brill's Disease.*
Acute infectious disease, unknown origin....	Same.
Prodromes generally not marked.....	Same.
Sudden and pronounced onset, headache, chill and general pains, nervous symptoms.....	Same.
Temperature at first high, reaches maximum second or third day, slight morning, generally terminates by crisis.....	Same.
Eruption appears third to fifth day, one crop on abdomen and chest and then extremities. Dark red spots irregularly grouped, only slightly modified by pressure and interspersed with petechiae.....	Same.
Moderate lucocytosis.....	Same.
Complication not common. Generally broncho pneumonia.....	Same.
Spleen moderately enlarged, especially early in case.....	Same.
Duration, 7 to 14 days.....	Same.
Blood cultures negative.....	Same.
Post-mortem shows no special lesion other than those associated with fever.....	Same in the case reported by Brill.
Rapid recovery.....	Same.

It would seem to me that there can be little doubt that many cases of Brill's disease or typhus fever must have been overlooked in the past and mistaken for typhoid, paratyphoid, influenza, etc.

Time allotted prevents my going further in the question of differential diagnosis, but although the diagnosis between typhoid and typhus fever has always been a difficult one in the past, it should be far easier in the future because of the agglutination tests, white blood counts and blood cultures.

This error is particularly to be avoided, as it is more than possible that Brill's disease may return to the usual typhus mortality. For this and other reasons it would seem wise and proper that this disease should be made reportable by the different Boards of Health, as has already been done by the city of Boston, and that disinfection should be applied.

And in conclusion it would seem to the author that this will explain the hitherto inexplainable instances of the occurrence of sporadic typhus in the past.

2108 Pine St.

INFANT MORTALITY AND ITS REDUCTION.*

By J. H. Mason Knox, Jr., M.D.
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The presentation of the subject of Infant Mortality and its Reduction is fortunate in its situation on the program, for the saving of infants' lives in its broadest sense consists not only in efforts to help babies already born, but includes all endeavors to have babies started healthy in their struggle for existence.

The campaign for the preservation of infant lives, therefore, must rest upon the rapidly developing science of eugenics as its foundation. But again, if the fight for the baby is to be won, the desired result must be accomplished largely by means of clean, health-giving milk; without it even the babies born healthy cannot thrive. It is fitting, therefore, that a brief presentation of the claims of the baby should come between Dr. Goddard's convincing remarks on "Eugenics" and the demonstration which is to follow from Dr. North of a practical and economic method of obtaining clean milk.

It is trite nowadays to say that the fact of the large mortality now existing under one year of age is one of the most important topics, both from a medical and social standpoint, which can be brought before any community. Of an infant population in the United States of about a million and a half, one-fifth, or three hundred thousand (300,000), is lost during the first year; a larger number of deaths than occurs from tuberculosis in all ages. A large proportion of these infant deaths are entirely unnecessary, as is conclusively shown by the varying mortality rates under one year which obtain in different countries. Thus in New Zealand but 60 babies die in every 1000 during their first year, while in Chile more than 300 per 1000 perish. In the United States, although statistics are lamentably defective, it is estimated that the infant death rate is approximately 150 per 1000. The colored infant mortality is notoriously high, probably about double the general infant death rate. Baltimore contributes her full share to this inexcusable loss of infant life. In this fair city there are about 15,000 babies born each year. Of these 2000 die under one year of age. These fatal cases may be very roughly divided into the following groups:

Congenitally weak or deformed children	600
Children suffering from gastro-intestinal or nutritional disorders	700
Children suffering from pulmonary diseases	400
Children suffering from other infections and unclassified diseases	300

*Summary of address delivered May 5, 1913, at a meeting held at McCoy Hall, under the auspices of the Women's Civic League. The other speakers were Dr. Henry H. Goddard, Vineland, N. J., who discussed the "Problems of Eugenics," and Dr. Charles D. North of New York, who spoke on "Clean Milk and Its Production."

Certainly half of this large death rate could be prevented with fairly adequate methods. Comparatively little can be done for the first group—those congenitally weak or deformed, probably 100 out of the 600 could be saved. A much larger proportion of the deaths from nutritional disorders could be prevented; certainly 500 of the 700 deaths occurring yearly from these causes are unnecessary. The same is true of the third and the fourth groups. It is thought that half of the deaths from pulmonary, infectious diseases and other causes are avoidable. That is, to put the situation in Baltimore bluntly, we are permitting approximately 1000 human lives to be sacrificed at their threshold, when we know how this tremendous economic loss could be prevented.

This is the greatest of all the problems of conservation. The saving of these lives would be the most brilliant achievement of preventive medicine.

The Panama Canal is almost an accomplished fact, not primarily because of greater engineering skill than was shown by the French, but because sickness and death in the Canal Zone were prevented by approved sanitary measures. We cannot expect to do much toward curtailing the high infantile death rate when we confine our attention, as has been done for many years, to the treatment of children already ill. The causes of their undoing must be studied, and much more effort be directed by an intelligent community to surrounding the frail baby before, during and after the birth with such conditions as will insure its well-being. The infant is the only member of society, except the hopelessly insane or the extremely aged, which is entirely dependent upon others for its very existence, and because of its potential value to the community, as all the future depends upon the baby, it has certain inalienable claims which may be briefly stated:

First—The baby has a right to be *born healthy*. To insure this at least three conditions must be fulfilled:

(a) Parents must be healthy. Here the baby's problem touches eugenics. It is far-reaching, criminal negligence to permit marriages between the unfit. This can, in part at least, be prevented by requiring certificates of health from those contemplating wedlock.

(b) Expectant mothers must be cared for better than at present. To allow a woman to engage in hard labor during the last days of her pregnancy endangers both lives, and certainly lessens the vigor of the infant. In this country the infant mortality rates are highest in the large manufacturing centers where women are employed, and where they work at their tasks often until a few hours before their confinement. Every intelligent community should see to it that the expectant mothers have a reasonable amount of rest before and after confinement. To accomplish this result would be a profitable and economic investment for county or city administrations, for private philanthropy or for organized labor to bring about.

(c) Competent obstetrical care. [illegible] of every mother and infant that it admits of no argument, and yet in this country a large majority of the births of our babies are conducted by incompetent hands. Nearly half the children are delivered by midwives, a very small proportion of whom have any thorough knowledge of simple surgical cleanliness. Medical students are graduated by the hundreds with the legal right to practice obstetrics who have had but little personal experience, and are quite unprepared to properly meet even the more common complications. Unquestionably, thousands of infant lives and the lives of hundreds of women are lost each year because the community tacitly permits this gross negligence to continue.

Second—The dependent infant has an inherent claim upon the community to be *reared healthfully*. This includes:

(a) Its right to its mother's milk. There is no satisfactory substitute. The infant was intended by nature to be dependent for its well-being upon its mother during the first few months after birth, as it is before birth. Any substitute for mother's milk requires an unusual amount of skill, experience and time, which it is difficult to obtain except among well-to-do people. It is a well-known fact that the mortality rate among the infants of the dependent classes is perhaps ten times as high as when mothers' milk is used. This precious function of nursing is not diminishing. A large proportion of the babies of the workingwomen can be nursed. In an investigation of over 500 women registered in The Johns Hopkins free obstetrical clinic, 60 per cent. were able to nurse their children exclusively for several months, and 20 per cent. additional required only a small amount of artificial feeding. Many physicians wean young babies unnecessarily, when a little patience and encouragement to the mother during the early weeks of the baby's life would correct the apparent disagreement of the breast milk, and greatly increase the child's chances for the future.

(b) In those infants who must be weaned the best substitute should be had. This is cow's milk of a high degree of purity, properly modified and given in suitable amounts and at proper intervals. This is the only alternative feeding which ought to be offered to a defenseless, helpless infant.

It is necessary, therefore, that all milk sold to a large city such as Baltimore should be of good quality. It ought to be absolutely impossible for any mother to procure at public sale in the city milk which is more a poison than a food. Any method, such as that advocated by Dr. North, which enables the public to secure safe milk at a moderate price should be enthusiastically welcomed.

(c) The new-born baby has a right to *proper care*. This includes fresh air, which is now denied thousands of Baltimore babies, especially in cold weather; proper clothing, sufficient attention to keep it clean and dry, and prompt medical and nursing care in the little derangements which, if neglected, always become

serious. These are, in briefest outline, the claims of the baby which cannot be denied, as they are today to a large proportion of our infant population.

To meet these claims, at least in part, the Babies' Milk Fund Association was organized. Its work has increased rapidly, owing to the generous support of the public and their response to the publicity given to its work by the *Morning* and *Evening Sun*. The association is now attempting to visit and instruct the expectant mothers reported to the large obstetrical clinics of the city, and tell them even before the babies are born of the importance of breast feeding, and to help them procure, if necessary, suitable clothes for the expected arrivals. After the babies are born they are followed by regular visits from experienced nurses throughout their first year. The mothers are encouraged to bring their babies to weekly consultations, where they are met by doctors and nurses and advised as to the care and feeding of the newly-born that often make the difference between health and disease in the baby.

Trained nurses visit from house to house, and show the mother how to prepare the baby's milk where artificial feeding is necessary, and milk of the best grade is dispensed at less than cost. These same nurses respond to all calls from physicians and dispensaries where nursing care for sick infants is desired. There are now ten centers in Baltimore from which this efficient form of ministration to the needs of the infant population proceeds. There should be at least 30 such centers. No single nurse should have more than 100 babies on her list. Some of the Milk Fund nurses have 500. As the means of the association is augmented, the number of nurses and stations will be increased so as to eventually adequately reach every dependent infant in the city.

Experience in this and other cities has abundantly demonstrated that this effort to save the dependent baby is only permanently successful when the most stress is laid upon reaching the *mothers*. No outside helpers, however skillful, can take the mother's place. She is the baby's natural caretaker; her interest is already aroused; she usually receives gratefully the visit of a tactful nurse. The difficulty is that in the majority of instances these natural caretakers are woefully ignorant; they must be shown over and over again how to prepare the babies' food in a cleanly manner; how the child should be dressed; why fresh air, even in winter, is important. If the mothers of Baltimore knew about the elementary things necessary to their baby's welfare, and were able to secure only good milk, much of the reason for an organization such as the Babies' Milk Fund Association would be at an end. This day, however, is still far distant.

The education also of the *future mothers* of the country in matters pertaining to their children is greatly to be desired. All girls in the higher grades of the public schools, parochial schools and similar institutions should be given sensible, carefully arranged instruction in personal hygiene, in household economics, and in

the feeding and care of infants. Every girl [illegible] from maidenhood into womanhood should enter this [illegible] state, not only with some knowledge of her own body and its processes, but also with practical and theoretical information concerning the management of her household. These young women are to become the mothers of the future, and the caretakers of the fathers of the future. Why should they be allowed to enter this sacred relationship with so little knowledge in these matters as the average American girl now possesses? Why should this knowledge be obtained, if at all, at the dreadful cost of many infant lives, when with it the average home would be much happier, and the chance for life of the future citizens immeasurably increased?

Book Reviews.

SEX: ITS ORIGIN AND DETERMINATION. A Study of the Metabolic Cycle and Its Influence in the Origin and Determination of Sex, the Course of Acute Disease, Parturition, etc. By Thomas E. Reed, Middletown, Ohio. 1913. Cloth, $3 net. New York: Rebman Company.

The scope of the above volume may be briefly summarized:

(1) A review of methods of reproduction in the animal kingdom.

(2) A review and criticism of the theories of sex determination.

(3) A demonstration of the primitive hermaphroditism of all animal organisms, and the latent bisexuality of even the higher forms.

(4) An injury into the nature of twin births and a demonstration of the importance of the study of twin births in its relation to sex determination.

(5) A demonstration of the bisexual rhythm in the germ plasm.

(6) A study of the influence of the lunar month and lunar day, not alone in its relation to the phenomena of menstruation, but also in its relation to:

(a) Gestation and other normal functions;
(b) Fluctuations in the course of infectious disease;
(c) The progress of labor;
(d) The determination of sex.

From time immemorial a solution to the problem of sex has been sought, and today, though the question of sex determination still remains an open one, the quest is as persistent. Accordingly, ever and anon an investigator supplies the world with what he conscientiously believes to be the solution. The theory attracts transient interest, is tested, found wanting, and relegated to the ash pile of exploded theories. As a matter of fact, the reviewer is inclined to the belief that this is the best solution of the matter, but as there are some who think otherwise, and who will devote their energy to the determination of this question, we have set

forth for their benefit the scope of this book. Briefly put, the author believes there is a cycle in animal life, of shorter duration than the well-known monthly cycle, manifested in the germ cells and the developed organism, and having an effect upon the determination of sex, as well as on the progress of labor and other vital processes. The author does not give this theory dogmatically to the world, but adduces clinical evidence to prove his claims. Whether he be on the right track or not is immaterial, as his reasoning is sound, unique and off the beaten path of the stereotyped discussion of the question.

A Course in Normal Histology. A Guide for Practical Instruction in Histology and Miscroscopic Anatomy. By Rudolph Krause, A.O. Professor of Anatomy at the University of Berlin. Translation from the German by Philipp J. R. Schmahl, M.D., New York. With 30 Illustrations in Text and 208 Colored Pictures, Arranged on 98 Plates After the Original Drawings by the Author. Part 1. New York: Rebman Company. 1913. Net, 75 cents.

The medical profession is indeed to be congratulated upon having an English version of Krause's Histology. It has been mainly through the effort of Dr. Krause that histology has been raised to the level of the other branches of medicine in Europe. His teachings are beginning also to have effect in the English-speaking countries, and doubtless by the translation of his book more rapid strides will be made in bringing histology into its own. Dr. Krause believes that the teaching of histology and anatomy should go hand in hand, which belief he emphasizes throughout his book. The first volume is given over to the consideration of such general and preliminary subjects as the microscope, rules for the use of the microscope, technic, stainings methods, and other basic subjects necessary to a complete mastery of the science.

The Operating-Room and the Patient. A Manual of Pre- and Post-operative Treatment. By Russell S. Fowler, M.D., Chief Surgeon First Division German Hospital; Surgeon Methodist Episcopal Hospital; Consulting Surgeon Hebrew Orphan Asylum, Brooklyn, New York. Third Edition, Rewritten and Enlarged. Philadelphia and London: W. B. Sountres Company. Baltimore: The Medical Standard Book Company. 1913.

So much depends upon the pre-operative and post-operative treatment of the patient that we are surprised that more definite instructions have not been written upon this phase of medicine. This book enters into the minutiae of this all-important side of surgery with as much thoroughness as it does the larger and more important matters. It treats of the operating room, the preparation of instrument and supplies, bandaging, anesthesia, pre-oper-

ative preparation and the primary dressing, general considerations in the after treatment, care of the wound, complications of wound infections, complications the result of anesthesia, of pressure, circulatory, operations upon special tissues, instruments and dressings commonly employed, etc. It will be found of immense help to the green surgical assistant in lightening his burdens, as well often to those better trained when up against a difficult proposition.

Ophthalmoscopic Diagnosis. Based On Typical Pictures of the Fundus of the Eye With Special Reference to the Needs of General Practitioners and Students. By C. Adam, Assistant at the Kgl. Univ-Augenklinik, Berlin. Translated by Matthias Lanckton Foster, M.D., Ophthalmic Surgeon to the New Rochelle Hospital; Member of the American Ophthalmological Society; Member of American Academy of Ophthalmology and Oto-Laryngology. With 80 Colored Pictures on 48 Plates and 18 Illustrations in the Text. 1913. Cloth, $6.00 net. New York. Rebman Company.

If this book had no features other than the excellency of its illustration, its existence would be justified. From the pictures alone the student or doctor could gain a good insight into the appearance of the normal and abnormal fundus. Added to this attraction, however, is the thoroughness with which the author delves into the diagnosis of the various eye affections demanding the use of the ophthalmoscope. A striking characteristic, and one which soon attracts attention is the assiduity with which the author directs attention to the interrelation between diseases of the eye and those of the general system. It will be found a most reliable and systematic guide to disease of the eye.

The Modern Hospital. Its Inspiration; Its Architecture; Its Equipment; Its Operation. By John Allen Hornsby, M.D., Secretary Hospital Section, American Medical Association; Member American Hospital Association, American Association for the Advancement of Science, and Association of Military Surgeons of the United States; First Lieutenant, Medical Reserve Corps, United States Army, and Richard E. Schmidt, Architect, Fellow American Institute of Architects. With 207 Illustrations. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. 1913.

In this book will be found a graphic account of the conduction, operation, and construction of a modern hospital. The introduction contains a full discussion of the proper management of the general hospital, the charity hospital, mixed hospitals, the private hospital, the financing of the hospital and the running

expenses. The section on hospital architecture goes thoroughly into the selection of the site, the planning, the area per patient, the arrangements of the administrative units, details of structure, divisions of a general hospital, equipment, etc.; that on operation into the selection of the board of trustees, the duties and responsibilities of the superintendent, of the medical staff, house staff, the operation of the various departments, etc. It is a book that should be thoroughly digested by those interested in the operation of a modern hospital, the visiting staff, the board of trustees, the superintendent and the house staff. The contents certainly encompass a model hospital, one of which, if only approached by our modern institutions, would be a model for the world. No hospital should be without a copy.

THE PHYSICIAN'S VISITING LIST. Sixty-third year of its publication. Sold by all booksellers and druggists. Philadelphia: P. Blakiston's Son & Co. $1.25. 1914.

Blakiston's Pocket Visiting List will be found as useful by the profession as formerly. It combines all of the good qualities of its predecessors and, as heretofore, contains much information of a useful character.

MALARIA: ETIOLOGY, PATHOLOGY, DIAGNOSIS, PROPHYLAXIS AND TREATMENT. By Graham E. Henson, M.D., Member American Medical Association, Florida Medical Association, Southern Medical Association, American Society of Tropical Medicine, Medical Reserve Corps, United States Army (Non-Active List). With an Introduction by Charles C. Bass, M.D., Professor of Experimental Medicine, Medical Department Tulane University, New Orleans. Twenty-seven illustrations. St. Louis: C. V. Mosby Company. 1913. Cloth, $2.50 net.

Our opinion of this book cannot be better summarized than by quoting from the introduction of Bass, an acknowledged authority in matters pertaining to tropical medicine, who says: "The appearance, therefore, of this work at this time is indeed fortunate. It is written for the general practitioner by a man whose experience and research in this disease for many years in one of the most intensely malarious sections of the United States enables him to view the subject from the most practical standpoint." We can add nothing to the above statement. It speaks for the work and is a sufficient recommendation of its value and merit. We have needed for some time a book of this character, and the reviewer feels certain it will fill the wants of the general practitioner. The lay of the book is that malaria is a preventable disease, and that it is a disgrace to the intelligence of the American people that they have permitted it to flourish so long after being in possession of the knowledge of its prevention. It also very thoroughly and excellently describes how to detect, diagnose and

treat the malady. The author lays especial emphasis on sanitary prevention and drugs other than quinine of use in its elimination.

Genito-Urinary Diagnosis and Therapy. For Urologists and General Practitioners. By Ernst Portner, M.D., Specialist for Urology, Berlin, Germany. Translated and edited by Bransford Lewis, M.D., B.Sc., Professor of Genito-Urinary Surgery, Medical Department of St. Louis University, St. Louis; Genito-Urinary Surgeon to St. John's Hospital and Frisco Hospital; Member of the American Urological Association, American Association of Genito-Urinary Surgeons, American Medical Association, etc. Forty-three illustrations. St. Louis: C. V. Mosby Company. 1913. Cloth, $2.50 net.

The booklet under consideration presents those subjects embraced under the category of genito-urinary diseases in an exceptionally attractive form for the general practitioner. It is concise, well balanced, those subjects being elaborated which experience shows the most important for the needs of the class of readers for which the book is intended, while the subjects necessary for a specialist are not touched at all or only briefly. It is full of useful information and suggestions, and while it is particularly adapted to the needs of the practitioner, it still contains many little hints which will be found valuable by the specialist. It is the first book on genito-urinary diseases that gives a complete account of the complement fixation test and treatment for gonorrhea. No medical library should be without it, and the doctor should not place it in an inaccessible place, but should keep it near at hand where he can pick it up whenever he has a few moments to spare. It is bound to become very popular, as it gives the doctor what he wants without wading through a mass of irrelevant matter.

A Clinical Manual of Mental Diseases. By Francis X. Dercum, M.D., Ph.D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia; Consulting Neurologist to the Philadelphia General Hospital; President of the Philadelphia Psychiatric Society; Ex-President of the American Neurological Association and of the Philadelphia Neurological Society; Foreign Corresponding Member of the Neurological Society of Paris and of the Neurological and Psychiatric Society of Vienna; Member of the Royal Medical Society of Budapest, etc. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1913.

This book meets a distinct need of the medical student. Books upon this subject have heretofore been too large as well as too fulsome for student purposes. The book under consideration avoids these errors, being sufficiently full without being skimpy.

and should meet the demands of the most exacting teacher. Dr. Dercum, through his years of teaching experience, is eminently well qualified to make a book combining the practical with a sufficiency of theoretical material to meet the peculiar needs of the student. We are pleased to state in the present volume he has done so. The classification of those diseases peculiar to the mental system, as well as their description and arrangement, is so simple, withal, so thorough, that no student who has arrived at the stage of his medical career in which mental disease is studied should find any difficulty in gaining a firm grasp of the subject. A striking feature of the book is the emphasis placed upon the treatment of psychiatric maladies. It is with much pleasure we recommend it to those who desire a reliable yet practical guide in their study of mental defects. Appropriate illustrations would have added both to its value and attractiveness; otherwise, it is a perfect example of book making.

Stammering and Cognate Defects of Speech. By C. S. Bluemel. Vol. I. The Psychology of Stammering. Vol. II. Contemporaneous Systems of Treating Stammering: Their Possibilities and Limitations. New York: G. E. Stechert & Co. Cloth, $5. 1913.

These volumes represent the labor of five years spent by the author in systematic investigation concerning the cause of stammering, as a result of which he arrived at the following conclusions:

The true theory of casuality must explain all the facts. It must explain the fact—

That the stammerer can usually sing without difficulty.

That the stammerer can often speak well when alone.

That the stammerer is usually fluent when speaking in concert with other people.

That the stammerer can usually repeat a word that he has eventually stammered out.

That consonants followed by short vowels are more difficult for the stammerer than consonants followed by long vowels.

That consonants at the end of a word never occasion difficulty.

That the stammerer may have difficulty on words that commence with vowels.

That the speech defect may assume the most diverse forms, being in one case passive and in another active and boisterous.

That one can stammer in thought as well as speech.

That there are more male than female stammerers.

That stammering is rarely acquired after the fifteenth year.

It is with this theory of casuality and the psychology of stammering that the first volume deals. In this book stammering is considered in its mental rather than physiological aspect. Bearing in mind the above conclusions, it looks like a rational method

of attack, and a close reading of the book as the author unfolds his reasoning will about convince the reader the theories are, at any rate, logical.

The second volume is devoted to a review and criticism of the various systems employed in treating stammering. The author specifically states that the systems cited in his review have not, as a rule, been given for their sovereign merit. Indeed, he says, many of the systems are devoid of merit, and have been recorded merely because they are the gold bricks that are daily sold to stammerers by an infamous fraternity of speech specialists. He maintains these systems, as well as all elocutionary systems, must become obsolete with the advancement of the psychological investigation of stammering.

THE PROBLEM. The Autobiography of a Physician. By Charles Percy, B.Sc., M.D. 12 mo., 128 pages, bound in cloth, gilt stamped. New York: Shakespeare Press. Price, $1 net, postpaid. 1913.

This is a work of fiction, by a surgeon, of peculiar interest to surgeons, physicians, and all who have studied the problem of life. It is written in the first person, and the narrator describes minutely an operation of most singular character, in which he removes the heart of a drowned patient, inserts an artificial heart, and keeps the head alive for days and days.

His investigations begin with studying the nature and cause of sleep, and some striking anecdotes of somnambulistic performances are told, also one of remarkable hibernation. Then he attacks the problem of life from an organic viewpoint, makes an artificial heart, and supplies it to a lizard, a turtle, a cat and a dog, all of which ultimately die. As a culmination of his experiments, the body of a newly drowned man, in which life is simply suspended, falls into his hands. Failing to resuscitate the patient, he tries the artificial heart, brings life into the head, and steals the body of the patient that he may have his companionship and use him for further experiments, causing the undertaker to bury some bags of sand in the casket sent for the remains. It is all very weird and very real. The science involved is accurate and up to date, and of absorbing interest from a surgical standpoint. The writer evidently chooses this method of exploiting some startling and unusual theories of his own—theories which he could not propound through the ordinary medical journal. His conclusions are daring and plausible, and sure to evoke discussion in the profession.

The popular view as to what life is undoubtedly is broadening. Who shall say where the line can be drawn between the mechanical part of the body and the soul?

Every student of life is certain to find the book of absorbing and striking interest.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY, 1914

MEDICAL RESEARCH AND EDUCATION.

OWING to the far-reaching importance of the book, "Medical Research and Education," we have departed from our invariable custom of placing book notices under their proper designation and brought this notice under our editorial column in order to bring its contents more forcibly to the attention of our readers. The *Science Press* of New York has in this book brought together a series of articles upon various aspects of medical research and education by such eminent educational authorities as William H. Welch, Richard M. Pearce, Lewellys F. Barker, William T. Councilman, Franklin P. Mall, W. H. Howell, etc. We are accustomed to look upon the pioneer work of the medical fathers as partaking of scientific medicine. This is indeed a fact, but not in the sense as we know it today. Systematic medical research did not begin until the latter part of the nineteenth century, since which time every aspect of medicine has been rejuvenated by the efforts of men trained to produce results. Bacteriology, surgery, medicine, pathology, sanitation—in fact, all subdivisions of medicine have been made to feel the impress of self-sacrificing, hard-working, persevering, enthusiastic research workers, men such as James Carroll, who have dedicated their lives to medical advancement through systematic research work. It is with this aspect of medicine, one too often neglected, that the aforementioned book deals, to wit.: the development of laboratories for the medical sciences, present-day methods and problems, medical research in American universities (present facilities, needs and opportunities), the ex-

perimental methods, its influence on the teaching of [illegible], medicine and the university, the relation of the hospital to medical education and research, certain ideals of medical education, the career of the investigator, experiences of a medical teacher, problems, methods and organization of research, with special reference to physiology, the addition of the fifth year to the medical curriculum, research foundations and their relation to medicine, and other subjects every whit as important and instructive.

Everybody interested in the continued advancement of the profession, be he teacher, research worker or the everyday hard plodding general practitioner, cannot but read the contained articles without profit, education and illumination to him upon unthought-of avenues of development. It is a book which should be in the hands of every physician, not, however, to be stuck away in a covey hole, but read from cover to cover. Certainly one cannot read it without experiencing as never before a wholesome respect, admiration and pride in the accomplishments of our profession. The book should go a long way toward directing attention to the necessity of thorough preparation before one enters either upon the study of medicine or research work. It especially impresses upon the reader the immense amount of work which has been done by multitudes of workers to place medicine where it is today. It has not been the accomplishment of a day, but little attritions here and there which have kept the spark alive until some one with a better understanding or insight into the problem finally produced it in its finished form. Another feature is the advancement of ideas along which the profession should work in the future to still further elevate the medical profession. These suggestions are by men who have added their mite to medical knowledge—experts in their line. Therefore, one who has not had the benefit of their personal instruction can at least obtain from their article or articles, as the case may be, their plan of approach in investigating obscure problems, thereby saving much valuable time and avoiding unnecessary pitfalls. Pride in the accomplishment of our profession should, if for no other consideration, induce every doctor to possess the volume.

Medical Items.

Dr. William A. Fisher, Johns Hopkins Medical School, 1900, and Mrs. Fisher are occupying their town residence, 715 Park avenue, after spending the summer months at their country place at Ruxton.

After a two days' session at Johns Hopkins University, the National Academy of Science closed its meeting with a dinner at the Maryland Club, at which Dr. William H. Welch presided as toastmaster. Dr. Simon Flexner of New York City discussed the causes of infantile paralysis, the experiments made in isolating the germs of the disease and the effects of the virus on monkeys. Dr. Howard A. Kelly delivered an address on "Radium As a Cure for Cancer."

Dr. Curtis F. Burnham, Johns Hopkins Medical School, 1900, and Mrs. Burnham of 1418 Eutaw Place sailed for Europe November 19.

Academic Day was celebrated by the University of Maryland November 11, 1913.

At the annual banquet of the McDonogh School Alumni Association, held at the Rennert Hotel December 6, Dr. J. M. T. Finney, one of the trustees, was the principal speaker. He spoke of the advantage of the association to the school, and also told of the many improvements which are being made in connection with the institution.

Dr. Wilfred T. Grenfell, superintendent of the Labrador Medical Mission and best man at the Sayre-Wilson wedding, gave an illustrated lecture at the Belvedere Hotel November 27 before about 400 members of the Methodist Social Union. The pictures shown were ones he had taken of the wonderful country of Labrador and the surrounding ocean. While in the city Dr. Grenfell was the guest of Mr. and Mrs. Blanchard Randall at Catonsville.

Dr. John A. Tompkins, Jr., Johns Hopkins Medical School, '98, and Mrs. Tompkins, who recently returned from Buffalo, N. Y., where they have been living, are occupying an apartment at the Anneslie, 1203 N. Charles street.

Sir Rickman John Godlee, president of the Royal College of Surgeons, London, and honorary surgeon in ordinary to King George, and Lady Godlee, paid a recent visit to Baltimore. While in the city they were the guests of Dr. and Mrs. J. M. T. Finney. In addition to being a member of the British nobility and to holding an office of honor, Sir Rickman is one of England's most prominent surgeons. He came to this country to attend several medical congresses, and while here made a tour of inspection of American hospitals and clinics. He was especially interested in Johns Hopkins Hospital and Medical School. From Baltimore Sir Rickman and Lady Godlee went to New York, from which point they sailed for Europe.

Dr. Roades Fayerweather, Johns Hopkins Medical School, '03, announces the removal of his offices from 21 W. Franklin street to "The Buckler," 529 N. Charles street. His practice is limited to orthopedic surgery. Office hours, 2 to 5 P. M. (except Sundays) and by appointment.

Prof. Henry B. Fine of Princeton University is being discussed for president of the Johns Hopkins University. His election is being urged by President Wilson.

The woman's board of managers of the Franklin Square Hospital held a benefit performance December 4 of "Milestones" at the New Academy of Music. The money received will go toward the maintenance of the wards of the hospital in charge of the woman's board of managers.

Dr. H. Louis Stick, Physicians and Surgeons, '03, superintendent of the Worcester State Asylum for the Insane, paid a recent visit to Baltimore. While in the city he was the guest of his brother, Rev. J. Monroe Stick, of 12 E. 25th street. Dr. Stick was for seven years connected with the City Hospital of Baltimore.

Dr. and Mrs. Charles M. Franklin, who have been spending some time in Baltimore as the guests of friends, have returned to Lafayette, Ind.

Among the Baltimore doctors who participated in the seventh annual meeting of the Southern Medical Association, which met at Lexington, Ky., last month, were Drs. W. S. Thayer, Hugh H. Young, L. F. Barker, Joseph C. Bloodgood, David I. Macht, Thomas R. Boggs, W. Edward Magruder and H. O. Reik. Dr. Thayer is one of the councilors of the association.

Dr. John Charles Macgill, who has been spending the early fall at Atlantic City, N. J., has returned to his home at Catonsville, Md.

Dr. William Simon, professor of chemistry, College of Physicians and Surgeons, who has

From Great Britain, France, Germany, Holland, Sweden, Switzerland, Austria and the United States, eminent physicians and surgeons gathered in England, August, 1913, at the XVIIth meeting of

THE INTERNATIONAL CONGRESS OF MEDICINE

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been spending the summer with his family at Eaglesmere, Pa., has returned to the city and reopened his cottage on Edmondson avenue.

Dr. John R. Winslow, University of Maryland, '88, who has been spending some time in Maine and New Hampshire, has returned to his home, Wyncote Lodge, in Roland Park.

Dr. Nathan Ryno Smith, of 211 West Madison street, who has been motoring in the North, has returned to his country home in the Green Spring Valley.

Drs. John E. Legg and William L. Burns, both of Cumberland, Md., sailed recently for Europe.

Dr. Henry G. Branham, of 2200 Eutaw Place, who was recently operated on for intestinal trouble at the Franklin Square Hospital, is rapidly recovering.

Dr. Charles Fairbank Painter, Johns Hopkins University, class of 1891, has been appointed dean of the Medical School of Tufts College, at Medford, Mass., one of the largest medical schools in the country. Dr. Painter has been for the last seven years a professor of surgery at the school of which he now becomes dean. He is a member of a number of medical societies in this country and the editor-in-chief of the *American Association of Orthopedic Surgery*. The appointment of Dr. Painter reflects honor to his alma mater.

Dr. Arthur D. Hirschfelder, Johns Hopkins Medical School, 03, of 2245 Linden avenue, this city, the well-known heart specialist of Johns Hopkins Hospital, has accepted the appointment of professor of pharmacology and director of the department of pharmacology in the University of Minnesota at Minneapolis. Dr. Hirschfelder's many friends regret his decision.

BIRTHS.

Recently to Dr. John Staige Davis, Johns Hopkins Medical School, '99, and Mrs. Davis, of 1200 Cathedral street, a son.

MARRIAGES.

John Knox, Jr., M.D., University of Maryland Medical School, '06, of Lumberton, N. C., to Miss Mary McNamara of Baltimore, Md., at Baltimore, December 2, 1913.

Alva Adair Matthews, M.D., University of Maryland Medical School, '10, of Oak Hall, Va., to Miss Marie Williamson Houchings of Richmond, Va., at Bloxom, Va., December, 4, 1913.

Lewis Mines Allen, M.D., University of Maryland Medical School, '96, of Winchester, Va., formerly of Baltimore, Md., to Miss Dorothy Gilpin of Millwood, Va., at Millwood, December 10, 1913.

DEATHS.

Lindsay P. O'Neal, M.D., Washington University, Baltimore, '65, of Mechanicsburg, Pa., surgeon of volunteers during the Civil War; for several terms a member of the Common Council of Mechanicsburg, Pa., died at his home September 18, 1913, aged 74 years.

William B. Zineman, M.D., Baltimore University, '96, of Philadelphia, Pa., a well-known optician of Philadelphia, died after a lingering illness at his home October 15, 1913, aged 49 years.

Wilson A. Long, M.D., College of Physicians and Surgeons, Baltimore, '82, of Frederick, Md., a member of the Medical and Chirurgical Faculty of Maryland, died in St. Agnes' Hospital, Baltimore, November 7, 1913, from pneumonia.

Charles Lingham Cunningham, M.D. (license Maryland), a practitioner for more than 25 years, died at his home in Cresaptown, Md., October 22, 1913, from nephritis, aged 51 years.

Gurley Davis Moose, M.D., University of Maryland, '07, of Mount Pleasant, N. C., a Fellow of the American Medical Association, died from tuberculosis in a hospital in Asheville, N. C., November 7, 1913, aged 30 years.

William E. Miller, M.D., Physicians and Surgeons, '92, of 2239 Pennsylvania avenue, Baltimore, Md., died suddenly at his home November 23, 1913, aged 43 years.

Henry J. Evans, M.D., Hahnemann Medical College, Philadelphia, '81, of 1702 St. Paul street, Baltimore, Md., formerly president of the Maryland State Homeopathic Medical Society and of the State Board of Medical Examiners, died after a lingering illness at Hollidaysburg, Pa., November 30, 1913. For a while Dr. Evans was one of the consulting physicians of St. Luke's Hospital.

Oliver D. Simmons, M.D., Maryland Medical College, '06, Atlantic Medical College, Baltimore, '09, of Bowens, Md.; president of the Board of School Commissioners of Calvert county, died after a lingering illness at his home November 25, 1913, aged 42 years.

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IN REPLY TO INQUIRIES CONCERNING AMORPHOUS PHOSPHORUS.

Amorphous Phosphorus in Senile Arteriosclerosis.—The author has used the red amorphous phosphorus in senile arteriosclerosis for several years. Given originally as a substitute for ordinary phosphorus in senile debility, it was found that it was eliminated as amorphous phosphate of lime, and that the lime elimination was thereby increased. Weil's experiments showed that the lime elimination in arteriosclerosis was diminished. Phosphorus has the property of combining with lime and increasing the lime assimilation. In the small doses which can be given when the ordinary phosphorus is employed, the phosphorus will combine with the lime of the food and increase the amount of lime salts in the body. When given as amorphous phosphorus, the dose is two grains or more several times a day, and with a lime-free diet the lime required for the combination necessary to secure the elimination of the phosphorus excess is drawn from the abnormal lime deposits. This appears to be the rationale of the treatment and explains the good results obtained from its use. From *"Diseases of Old Age," by I. L. Nascher, M.D., to be published shortly by P. Blakiston's Son & Co., Philadelphia.*

Abstracts.

Dr. W. A. Puckner, director of the chemical laboratory of the American Medical Association, investigated a number of the products furnished by 20 different pharmaceutical manufacturers, and the degree of accuracy attained by each house was published in the *Journal of the American Medical Association*, September 13, 1913.

The results are given in detail and make it possible to summarize or classify them in various ways. For example, the average strength of all the preparations made by each house may be calculated. An objection to this method, however, lies in the fact that the preparations above strength, of any one house, might exactly counterbalance the ones under strength and the house receive thereby a perfect mark.

A more accurate method consists in calculating the average deflection from normal of the preparations of each house, and rank the houses in the contest in the order in which the average deflection is the least.

A third method would consist merely in stating the highest and lowest deviation from standard found in the products of each house.

By whatever method the results are summarized, The H. K. Mulford Company heads the list for accuracy of products.

The preparations examined, namely, hypodermic tablets morphine sulphate, tablets potassium iodine, solution of potassium arsenite, fluid extract of hydrastis and fluid extract of digitalis, should be divided in summarizing results into two classes. The first four mentioned are amenable to exact chemical assay, and it is possible, therefore, to determine within a fraction of 1 per cent. the exact deviation from standard, or conversely, approach to perfection of these preparations. Their standards are definitely fixed, either by the Pharmacopeia or by the manufacturer's claim

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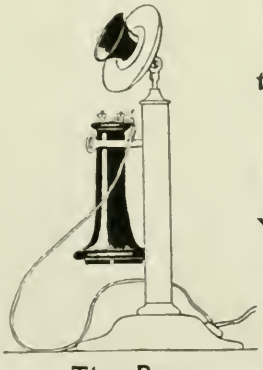

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—100 per cent. of the claimed strength being the target at which each manufacturer aims.

The other preparation, however, namely, fluid extract digitalis, is one for which no definite standard of strength has been fixed. The preparation is official, but no assay processes have been provided by the Pharmacopeia, so that a preparation made in strict accordance with the U. S. P. directions may vary enormously in activity. A limited number only of the houses chosen for this contest make any attempt to standardize digitalis preparations. A few, however, have adopted physiologic methods of assay in an attempt to put on the market preparations of uniform strength.

Even in the absence of a fixed and official standard of strength, it is obvious that a fluid extract of digitalis should have represented in each cubic centimeter one gram of a good quality of drug.

Dr. R. A. Hatcher of Cornell University Medical School, who examined the digitalis samples for Dr. Puckner, and made a special study of this drug for a number of years, is the inventor of the process by which these samples were examined, and is fully competent, therefore, to express an opinion as to whether a preparation does represent a digitalis drug of good quality.

Dr. Hatcher's results with the 19 fluid extracts examined in this contest forced him to the conclusion that the fluid extract of The H. K. Mulford Company fully represented a digitalis drug of good quality, and that the next in value only possessed 65.8 per cent. of the strength of the Mulford preparation.

The H. K. Mulford Company fluid extract digitalis was therefore taken as the standard, or 100 per cent. The other 18 preparations ranged from 65.8 per cent. down to a minimum of 29.25 per cent.

It cannot be claimed by those whose fluid extract digitalis was found to be weak in comparison with The H. K. Mulford Company sample that the latter is too strong, because Dr. Hatcher states that the Mulford preparation represents a good quality of drug.

To the credit of all the firms, Dr. Puckner states that there was found no evidence of willful sophistication or adulteration in any product examined. He believes that none of the houses deliberately adulterate or sophisticate their standard drugs, but that the products of many of them are made by those "who are less competent and less skilled" than the others. It is the more complimentary to The H. K. Mulford Company, therefore, that it should attain the first place with those who are doing their best to furnish standard articles. It is an emphatic endorsement of the competence and skill shown by The H. K. Mulford Company and products of their manufacture.

FROM PAPER READ BY A. N. DOERSCHUK, PRESIDENT, AT LAST MEETING, K. C. ASSOCIATION, RETAIL DRUGGISTS.

THREE PERNICIOUS DRUGS IN GENERAL USE OF COAL TAR ORIGIN.

Much discussion and comment was caused by the following extracts submitted by A. N. Doerschuk, President of the Association, on methylene blue and pyoctanin, much used internally in genito-urinary work, and on phenolphthalein, a popular ingredient in

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many laxative wafers and mixtures. These three drugs are distinctly of coal tar origin, and their physiological and toxic effects have been recently studied with much detail.

Methylene blue and pyoctanin, both forbidden as confectioner's coloring matter, are used internally in gonorrhea, malaria and rheumatism, and have found great popularity as component parts of many tablets and capsules advertised as effective and harmless in prolonged use for these ailments, in advised doses of from 6 to 24 grains daily. Galliard says: "Methylene blue in doses of one-sixth to one-third grain is capable of causing a feeling of general depression, nausea, certain feelings of pain and transitory albuminuria. In larger doses it causes in persons not accustomed thereto vomiting, diarrhea, increased micturition, and pronounced albuminuria." Cazeneuve says: "It produces gastric intestinal derangements which depend in part upon irritation of the intestinal tract, and partly upon irritation of the bladder, with increased micturition." Lewin says: "Methylene blue can produce, after prolonged administration, irritation and slowly healing ulceration of the bladder, blue coloration of the urine and saliva, diarrhea, headache, vertigo, delirium, loss of weight and twitching of the muscles, the latter symptom probably because the coloring matter is deposited in the brain." Santori found that Methylene blue given in nominal prolonged doses to dogs caused these same symptoms, with blood and pus contained in the urine, pronounced loss of appetite and weight, blue-colored skin and fat, brain turned blue on exposure to air, mucous membrane turned blue, heart sac, plura and kidneys colored blue throughout, and fatty degeneration of the liver.

Pyoctanin is found by several authorities to have almost identical results, and Santori found on autopsy of a dog that died after 14 days' dosing with this drug, the kidneys congested and containing accumulations of blood corpuscles, a blood-poor liver, and soft and swollen epithelia. This dog had lost weight rapidly, had shown a great dislike for food, and a great desire to sleep.

Phenolphthalein is classed by Lewin as strictly a coloring matter, as it becomes colored after ingestion and colors the system, and in its prolonged use causes many of the identical above-named symptoms and effects.

Indeed, these three drugs are typical of the action of coal tar groups upon the human economy which is not prepared to split those chemicals into component elements for absorption or elimination during the ordinary course of peristalsis.

Any substance that is absorbed by the tissues in its integral form and does not yield a true food value is of course dangerous.

LIABILITY OF DRUGGISTS.

A fine was recently assessed by the Government against the proprietors of a headache remedy labeled to be harmless and bearing the statement that it contained acetphenetidin. The Attorney-General is asking for a new ruling that requires derivatives as well as coal tar and narcotic drugs to be plainly named on the label. This shows the attitude of the authorities toward coal tar drugs, and the question arises should druggists not label drugs of this class as poisons, and should the pharmaceutical profession not consider it a duty to discourage the internal use of these chemicals wherever possible.

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eral materia medica in vogue a generation ago is much to be preferred to these still practically undetermined compounds that originated as "Medicines" in the by-products of German dyehouses, and which on merit would probably never have come into prominence. The present large consumption of these drugs is due to the known susceptibility of the American medical profession to propaganda work financed from abroad and made possible by the extremely low cost of producing these chemicals at the points of origin.

THE FUTURE OF INTERNAL MEDICINE.

"Surgery for everything is passing," says Dr. John B. Murphy, head of the Congress of Clinical Surgery. The future was never brighter than now for honest, legitimate internal medicine, with its wonderful advance and achievements in the last decade. The medical profession is turning from the fakes, nostrums and proprietories that carry a low cost of production and a high selling price, and which have not made good, and the educated apothecary is sure to benefit thereby if he keeps abreast of the times.

The public has observed that in too many instances the removal of the tonsils, for instance, marks only the beginning of throat trouble, and those who have submitted to the horrors of appendectomy too often wake up to find their bowel troubles have only just begun.

Intelligent co-operation with the medical practitioner will bring pharmacy to a brighter day than was ever before dreamed of for this profession.

Editorial Comment.

VOMITING IN CHILDREN.

The Medical Council.

THE infantile stomach is but partially developed structurally and functionally and emesis is readily induced. That overfeeding causes vomiting is well known; not so well known is the fact that underfeeding produces what Chemisse calls "inanition vomiting," which is often a serious affection marked by prolonged reversed peristalsis.

It is coming to be known that too great dilution of the infant's food is productive of a series of ills, inclusive of persistent vomiting. It really overtaxes the child's stomach to unduly dilute its food. Pale, wasted and restless babes may be noted among both the underfed and those having too great a bulk of food with little real nutritive value.

Vomiting from absolute intolerance for milk is very rare. Our city life, with its noise and hurry, is productive of nervous vomiting in children, and removal to the quiet country will often effect a cure of cases not thought to be nervous. Watch the babies for premonitary signs of this condition, such as rapid changing of color, hard abdominal muscles and spasmodic cough. Many of these coughs are thought to be pertussis, when, in fact, there is no such an element in the case.

The spasmophilic child, with tetany, rickets and perhaps scorbutus and diarrhea, is much given to vomiting. The fussy class of wealthy people who demand sterilization of everything for their

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Typho-Serobacterin. (Sensitized Typhoid Vaccine.)

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Each syringe one dose.

For a complete review of the literature on Serobacterins, see Mulford Digest for December.

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children, induce rickets of a mild type or scurvy of masked character in their offspring. Look out for these cases.

Cyclical vomiting is common with neurotic girl babies and children with deranged livers. Vomiting of this character is too often attributed to intestinal obstruction or congenital stenosis of the pylorus, whereas the real cause may be hysteria or an organic trouble, such as fatty degeneration of the liver. Children are too often put under chloroform these days, and commonly for very slight reason or unnecessary treatment or operation—this ruins their nerves and digestive systems.

Rest of the stomach, mild laxatives, attention to underlying conditions, careful dieting and general care are more important in treatment than is medication. Sodium citrate helps many cases. In nervous vomiting chloretone is suggested. Alkalies are of value, in severe cases given intravenously. But in severe cases rest is of more importance than putting any stress upon the little patient, and certainly nothing at all should go into the stomach beyond a little ice, and, possibly, a trifle of cherry laurel water.

SANITARY BREAD.

The Pacific Pharmacist.

It is reasonable to suppose that a loaf of bread properly made, just as it leaves the hot oven, is absolutely sterile. This loaf should be kept sterile until it reaches the consumer. There should be a law compelling every baker to place every loaf into sterilized paper bags, and that without being touched by human hands. This is a practically possible procedure, and would entail but little additional trouble and expense to the baker. If the consumer could see what happens to the loaf of bread, or pie, or cake, or crackers before these articles reach him, the demand and consumption of the articles would diminish very much indeed. The loaves are handled by sweaty, dirty and, in some cases, diseased hands. We have seen a big mouthful of tobacco juice expectorated right into a box of crackers. We have seen a large basketful of unwrapped bread being dragged through a dirty alley to the back door of a most fashionable restaurant. We have seen dough workers with eruptive skin diseases kneading the dough. We have seen bakery drivers with unspeakably filthy clothing carrying armfuls of uncovered loaves. What excuse is there for sticking a label on the loaf of bread? The loaf is certainly filthy enough already without adding the saliva from the mouth.

Bread is designated the "staff of life," but it is not worthy of the name if it is not treated in a more sanitary manner. There should be a law compelling the sanitary handling of bread.

PLACENTAL MEMBRANES IN SKIN GRAFTING.

Ellingwood's Therapeutist.

Persistent effort has been made to find a substitute for the cuticle itself in skin grafting. A writer in the New York *Medical Record* claims that placental membranes can be used if properly selected and prepared. There is so much danger, however, of infection it seems as if an operator was taking unjustifiable chances.

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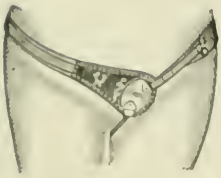

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name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Throat Affections.

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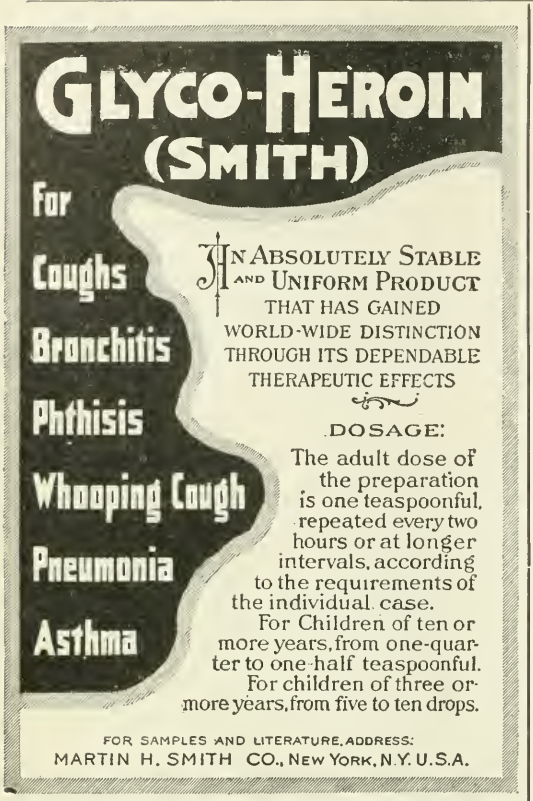
A Tale of Taka-Diastase.

To multiply by two the medicinal efficacy of a powerful diastasic ferment is a notable accomplishment. And that is what scientific investigation has done for Taka-Diastase. The result, as may be presumed, was not achieved at a single fortunate stroke. It was the culmination of years of study and experimentation. The story is briefly told on another page of this issue of the Maryland Medical Journal, over the signature of Parke, Davis & Co. It bears this caption: "We Have Doubled the Strength of Taka-Diastase." The reader is advised to turn to this announcement, which should prove of interest and value to every practitioner who faces the problem of amylaceous dyspepsia.

A word here with reference to the therapeutic application of Taka-Diastase may not be amiss. The product may be prescribed with advantage in the treatment of any pathological condition in which the salivary digestion is inhibited or impaired—in any case of gastric or intestinal disorder in which the starches are digested with apparent difficulty. It is employed with good results in the dietetic treatment of subacute and chronic gastritis; in infantile diarrhea, especially in cases in which the diarrhea alternates with constipation; in malnutrition or inanition, in the vomiting of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pregnancy; in diabetes due to pancreatic disease.

Scientific Contributions to the Literature of Atophan by American Investigators—The "Greater" Field of Atophan.

THE striking and therapeutically so valuable selective action of Atophan and its tasteless derivative Novatophan upon the uric acid output of the organism and the regulation of the purin metabolism has been the subject of an already very long list of publications, chiefly from the pen of European clinicians and pharmacologists of note.

More recently, however, American scientific investigators, too, have been attracted to the study of these most interesting substances, and have in every way confirmed the earlier findings.

Prof. Otto Folin and Dr. Henry Lyman of the Biochemical Laboratory of Harvard Medical School, Boston, have contributed an article "On the Influence of Phenylquinolin Carbonic Acid (Atophan) on the Uric Acid Elimination" to the *Journal of Pharmacology and Experimental Therapeutics,* July, 1913, in which, for the firt time, the effect of Atophan medication upon the uric acid of the blood is made the subject of thorough investigation. This has been made possible only by the introduction of the new and very exact colorimetric uric acid test of Folin and Denis. In every one of the six cases of gout in which Atophan was given under purin-free diet, the medication led to a pronounced increase in the uric acid elimination and a corresponding reduction of the uric acid content of the blood.

Prof. Howard D. Haskins of the Physiologic and Biochemical Laboratory, Western Reserve Medical College, Cleveland, reports in the September issue of the same publication, under the title of "The Effect of Atophan and Novatophan on the Endogenous Uric Acid Excretion of Normal Men," the results of his experiments with 21 medical students who were apparently in good health and who had been kept on a purin-free diet for at least one week before Atophan or Novatophan were administered. Sixteen of these showed an increase of urinary uric acid excretion of over 200 milligrams, four a noticeable but lesser figure, and one no increase at all. The author concludes that the action of Atophan does not merely consist in stimulating the kidneys to abstract from the blood a greater quantity of uric acid than they otherwise would, but that the main effect of the drug is to drain uric acid out of the blood, leaving the uric acid content of the latter subnormal.

While both these investigations add still further scientific evidence to the superior qualifications of Atophan and its derivative as therapeutic agents in gout and other manifestations of the uric acid diathesis, it should not be forgotten that entirely independent of their uric acid "mobilizing" action, these substances possess marked analgesic, antipyretic as well as powerful antiphilogistic effect. This has been very conclusively demonstrated clinically by Professor Klemperer of Berlin, who disposes of an experience covering the use of approximately 20,000 15-grain doses in nearly 300 cases of acute polyarthritis treated at the Municipal Hospital, Moabit, during the past two years (*Therapie der Gegenwart,* June, 1913).

A most convincing demonstration of the powerful antiphlogistic effect of Atophan and its derivative has been furnished by Professors E. Starkenstein and W. Wiechowski of the University of Prague in the entire suppression, in guinea pigs treated with Atophan, of the violent chemosis following ocular instillations of

essential oil of mustard (*Prager Medizinische Wochenschrift*, January 16, 1913).

Atophan and Novatophan will therefore also be found of the greatest value in lumbago, muscular rheumatism, neuritis, sciatica, hemicrania, migraine, non-specific iritis, episcleritis, otosclerosis, and generally in all painful inflammatory conditions, whether uratic or non-uratic in character.

The modern conception of ptosis no longer regards it as involving any individual organ of the abdomen as a primary pathologic process, but that gastroptosis, enteroptosis, nephroptosis, and the like, are but end-results of a ptosis habit, having its root in the constitutional defects of the patient. Any device, therefore, which aims to prevent this conditon must adapt itself to this broader conception of its character and modus operandi. It is because it has taken cognizance of these things and brought itself into alignment with them, that the Storm Binder has established for itself a unique and enviable reputation among abdominal binders. It conforms, in the most scientific way, to all that is most reliable and intelligent in our knowledge of the anatomy and physiology of ptosis; and while bringing the abdominal viscera into proper position, it does not interfere with the functional activity of either the viscera or the muscles, which is so essential to a natural recuperation of their normal power.

Clinical Medicine, Aug., 1913.

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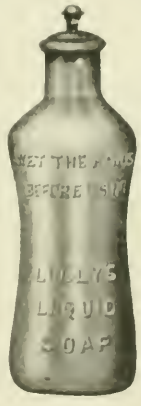

the middle so that it can't slip from hands wet with lather. There is no label to become mussy. The plunger stopper keeps the sprinkler orifice from clogging, so that soap can be had without delay when wanted. The soap is colorless—water-like in clearness. It has no artificial odor—just a clean, soapy smell. It contains no added antiseptics or germicides, yet it is antiseptic, as shown by bacteriological tests. While it is a powerful cleanser (vegetable oil soaps possessing greater detergent properties than soaps made from animal fats), it is non-irritating to the skin. It is especially convenient for use in obstetrical cases, and is designed primarily to meet the needs of physicians and surgeons, yet at the same time is well adapted to general toilet requirements.

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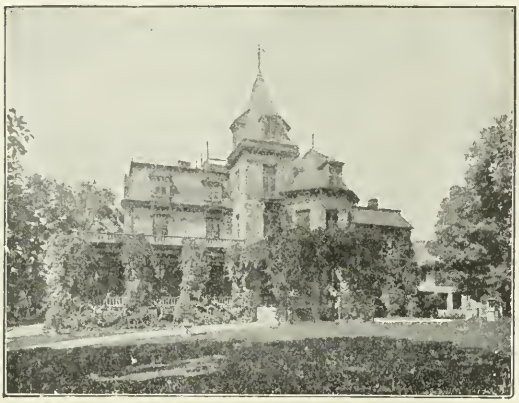

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